

# NEIGHBORHOOD ASSISTANCE PROGRAM



## Project Update Form

---

ORGANIZATION NAME: \_\_\_\_\_

NAP PROJECT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

INCLUDE ON LISTSERVE? ☐ YES ☐ NO

WEBSITE ADDRESS: \_\_\_\_\_

LIST ANY CHANGES IN YOUR BOARD MEMBERS BELOW:

LIST ANY CHANGES IN PROJECT STAFF BELOW:

*Note: If new staff will be signing paperwork for your organization, you will need to revise the signature authorization form contained in your contract. Please contact NAP staff to obtain a new signature authorization form.*

Upon completion, please mail or fax this form to:

Neighborhood Assistance Program  
Attn: Joyce Nichols  
P.O. Box 118  
Jefferson City, MO 65102  
Phone: 573-522-6155  
Fax: 573-522-4322

